



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Managed Care Organizations (MCOs), Physicians, Licensed Professional Counselors, Licensed Psychologists, Clinical Psychologists, Mental Health/Mental Retardation Agencies, Substance Abuse Clinics (FAMIS), Licensed Clinical Social Workers, Psychiatric Residential Inpatient Facilities, Psychiatric Clinical Nurse Specialists, Licensed Marriage and Family Therapists, and Licensed Substance Abuse Treatment Practitioners

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 6/12/07

SUBJECT: Medicaid Coverage of Substance Abuse Services – Effective July 1, 2007

Effective July 1, 2007, the Department of Medical Assistance Services (DMAS) is pleased to announce Medicaid reimbursement for certain outpatient substance abuse services. The new substance abuse covered services are assessment and evaluation, outpatient therapy (individual, family, and group), substance abuse crisis intervention, substance abuse intensive outpatient, substance abuse day treatment, substance abuse case management, and opioid treatment services. These services will be covered for Medicaid eligible persons who meet the criteria for an Axis I substance-related disorder. Nicotine or caffeine abuse or dependence shall not be covered. FAMIS already covers substance abuse services.

COVERED SERVICES

Assessment and evaluation services (CPT codes 90801 and 90802) are allowed once per provider per anniversary year. If there is a clinical indication for an additional assessment and evaluation prior to the year anniversary, a claim may be submitted with an attachment that explains the reason. The claim will be reviewed for medical necessity.

Individual, family, and group outpatient therapies are limited to twenty-six sessions per treatment year, with the exception of the first year of treatment. An additional twenty-six sessions may be prior authorized in the first year only. Providers can render outpatient therapy services up to 26 sessions without prior authorization in the first year of treatment. After the first treatment year, up to 26 sessions are available with prior authorization. Specific information about prior authorization for Fee-for-Service participants who require more than the initial 26 sessions will be included in a subsequent memo. If a child under 21 years of age requires services beyond these limits, coverage through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program may be requested.

Requests for services may be faxed to: (804) 786-5799.

Requests for services may be mailed to:

DMAS
Maternal and Child Health Division
600 E. Broad St.
Richmond, VA 23219

Request for services packets must contain the following:

1. The Service Request form is the **DMAS 351**,
2. **EPSDT screening and referral documentation** from a physician or screener,
3. **ASAM Multi-Dimensional Assessment and Placement Summary** including a summary of all current services. This must be completed by a Qualified Substance Abuse Treatment professional, and
4. **The SATS treatment plan** (DMAS 412 or ISP).

For Medicaid participants who are enrolled in Managed Care Organizations (MCOs), assessment and evaluation and outpatient therapy (individual, family, and group) services will be provided through the MCO. MCOs will establish prior authorization criteria and perform authorizations. Providers must participate with a Medicaid MCO in order to be reimbursed for these services and the reimbursement rate may differ from Fee-for-Service.

A summary of service requirements for substance abuse crisis intervention, substance abuse intensive outpatient, substance abuse day treatment, substance abuse case management, and opioid treatment services is contained in the following chart. These services do not require prior authorization.

New Virginia Medicaid Community Rehabilitative Substance Abuse Services – (Fee-for-Service)

	Billing Code	Description	Rate	Licensure	Limitations
SA Crisis Intervention	H0050HQ	One-on-one monitoring	\$5 per 15 minute unit	DMHMRSAS – Provider of Outpatient Services	720 units/yr 15 minutes/unit
	H0050HO	Crisis Counseling	\$25 per 15 minute unit		
SA Intensive Outpatient	H2016HM	Paraprofessional	\$2.25 per 15 minute unit	DMHMRSAS – Provider of Int. Outpatient Services	Two or more hours per day, multiple times per week, minimum of 4 hours to a maximum of 19 hours. Annual limit of 600 hours No concurrent Opioid Tx or Day Tx 1 unit = 15 minutes
	H2016HN	QSAP with a Bachelors Degree	\$3 per 15 minute unit		
	H2016HO	QSAP with a Masters Degree	\$4 per 15 minute unit		
SA Day Treatment	H0047HM	Paraprofessional	\$2.25 per 15 minute unit	DMHMRSAS – Provider of Day Treatment Services	Two or more hours per day, multiple times per week, with a minimum of 20 hours and a maximum of 30 hours, 1,300 hrs/yr No concurrent Opioid Tx or IOP 1 unit = 15 minutes
	H0047HN	QSAP with a Bachelors Degree	\$3 per 15 minute unit		
	H0047HO	QSAP with a Masters Degree	\$4 per 15 minute unit		
Opioid Treatment	H0020HM	Paraprofessional	\$2.25 per 15 minute unit	DMHMRSAS Licensure as a Provider of Opioid Treatment	Up to 600 hr/yr No concurrent Day Tx. or IOP 1 unit = 15 minutes
	H0020HN	QSAP with a Bachelors Degree	\$3 per 15 minute unit		
	H0020HO	QSAP with a Masters Degree	\$4 per 15 minute unit		
SA Case Management	H0006HO	HO	\$16.50/15 minute unit	DMHMRSAS – Provider of Case Management Services	208 units/yr 1 unit = 15 minutes; public & private providers allowed for SA Services

*** Note: Use DMAS limits and unit definitions as opposed to the national HCPCS codes.**

Specific guidance about provider enrollment, service descriptions, documentation, and utilization review requirements can be found in the provider manuals. Please refer to the *Community Mental Health Rehabilitative Services* Manual for substance abuse crisis intervention, substance abuse intensive outpatient, substance abuse day treatment, substance abuse case management, and opioid treatment services. The link is <http://websrvr.dmas.virginia.gov/manuals/CMHS/cmhrs.htm>. Guidance for the assessment and evaluation and outpatient therapy (individual, family, and group) services can be found in the *Mental Health Clinic* (http://websrvr.dmas.virginia.gov/manuals/MHC/mhc_toc.htm) and the *Psychiatric Services* Manuals (<http://websrvr.dmas.virginia.gov/manuals/ipsy/psytoc.htm>). If providers prefer to review information about assessment and evaluation and outpatient therapy (individual, family, and group) services prior to publication of the revised manuals, the new substance abuse services will follow the requirements for the corresponding mental health assessment and treatment services.

REIMBURSEMENT

Reimbursement rates for substance abuse outpatient therapy (individual, family, and group) services for Fee-for-Service participants may be reviewed at www.dmas.virginia.gov/pr-fee_files.htm. These rates are periodically adjusted. The rates posted are the rates paid to psychiatrists. Psychologists are reimbursed 90% of the rate paid to psychiatrists. DMAS reimburses psychiatric clinical nurse specialists, licensed clinical social workers, licensed professional counselors, marriage and family therapists, and licensed substance abuse treatment practitioners at a rate equal to 75% of the rate paid to psychologists.

The Centers for Medicare and Medicaid Services (CMS) has revised requirements for reimbursement methodologies for rehabilitative services. This is reflected in the rates for the new community rehabilitative substance abuse services included in the chart above. Claims for Substance Abuse Day Treatment, Intensive Outpatient, Crisis Services, and Opioid Treatment must be submitted for each staff person who renders services according to the staff person's qualifications. There is only one modifier (HO) for Substance Abuse Case Management. The specific amount of time must also be specified. Multiple providers are expected to bill when a client attends these programmatic services.

PROVIDERS OF SUBSTANCE ABUSE SERVICES

Current Medicaid providers enrolled mental health providers who meet the provider qualifications criteria for substance abuse services (provided in an attachment to this memo and which will also be included in the revised *Community Mental Health Rehabilitative Services* Manual) may provide the community rehabilitative substance abuse services and do not need to re-enroll with Medicaid.

Currently enrolled independent professional providers of outpatient, individual, family, and group services who meet the provider qualifications for substance abuse services (provided in an attachment to this memo and which will also be included in the revised *Psychiatric Services* Manual and the *Mental Health Clinic* Manual) may provide the outpatient individual, group, and family substance abuse therapy services and do not need to re-enroll with Medicaid.

Effective July 1, 2007, DMAS will enroll licensed substance abuse treatment practitioners as new Medicaid providers who can bill Medicaid for substance abuse outpatient therapy services. Mental health clinics will also be able to bill for services provided by their employed licensed substance abuse treatment practitioners, if the mental health clinic has a valid Medicaid provider agreement.

To become a Virginia Medicaid provider, the licensed substance abuse treatment practitioner must be licensed by the Virginia Board of Counseling and must submit a completed provider enrollment package to First Health Services Corporation (FHSC). FHSC is the fiscal agent for Virginia's Medical Assistance Program and administers all provider enrollment functions for Virginia Medicaid. The enrollment package can be acquired by contacting:

First Health Services – Provider Enrollment Unit (PEU)
P.O. Box 26803
Richmond, VA 23261-6803
1-888-829-5373 (in-state, toll-free long distance)
1-804-270-5105 (Richmond area and out-of-state long distance)
Fax: 1-804-270-7027

The enrollment packet can also be downloaded from www.dmas.virginia.gov. The enrollment package includes application instructions and other necessary information to become a Medicaid-participating provider.

After the provider enrollment application has been submitted to FHSC and the application has been reviewed, FHSC will notify the therapist if the therapist has been approved to be a Medicaid-participating provider.

If you have any questions regarding the enrollment of licensed substance abuse treatment practitioners, please call the Provider Enrollment Unit at the phone numbers shown above. The *Psychiatric Services* Provider Manual and the *Mental Health Clinic* Provider Manual will be updated to reflect the requirements set forth in this memorandum.

CLAIMS SUBMISSION

Claims for all Fee-for-Service substance abuse services must be submitted on the CMS 1500 (08-05) form. Billing for the new substance abuse services is the same as for mental health services with the exception that a modifier is required to indicate substance abuse services. For outpatient individual, group, or family therapy provided by licensed professionals, the modifier HF is used to indicate substance abuse therapy. Therefore, the code for outpatient individual therapy (45 to 50 minutes) is 90806 HF. The modifier is required in Box 24-D on the claim form.

Claims for the Community Substance Abuse Rehabilitative Services (substance abuse crisis intervention, substance abuse intensive outpatient, substance abuse day treatment, and opioid treatment services) must be submitted with the appropriate procedure code, the modifier that designates the provider qualifications of the staff person rendering the service and the number of units which reflect the specific amount of time for service provision. Substance abuse case management has one modifier (HO) which must be submitted with the procedure code and the specific amount of time for service provision.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804- 786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

Provider Qualifications for Medicaid Reimbursed Substance Abuse Day Treatment, Substance Abuse Intensive Outpatient Services, and Opioid Treatment Services

1. A Qualified Substance Abuse Professional (QSAP) is defined as:

a. An individual who has completed Master's level training in psychology, social work, counseling, or rehabilitation; who also is either

(i) certified as a substance abuse counselor by the Virginia Board of Counseling, or

(ii) is a certified addictions counselor by the Substance Abuse Certification Alliance of Virginia, or

(iii) who holds any certification from the National Association of Alcoholism and Drug Abuse Counselors, or the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc (IC & RC);

b. An individual licensed by the appropriate board of the Virginia Department of Health Professions as either a:

- professional counselor
- clinical social worker
- registered nurse
- psychiatric clinical nurse specialist
- psychiatric nurse practitioner
- marriage and family therapist
- clinical psychologist, or
- physician

who may be qualified by training and experience in all of the following areas of addiction counseling: clinical evaluation; treatment planning; referral; service coordination; counseling; client, family, and community education; documentation; professional and ethical responsibilities;

c. An individual who is licensed as a substance abuse treatment practitioner by the Virginia Board of Counseling;

d. An individual who is certified as either a clinical supervisor by the Substance Abuse Certification Alliance of Virginia or as a Master Addiction Counselor by the National Association of Alcoholism and Drug Abuse Counselors or from the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC & RC);

e. An individual who has completed Master's level training in psychology, social work, counseling, or rehabilitation and is certified as a Master Addiction Counselor by the National Association of Alcoholism and Drug Abuse Counselors or from the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC & RC);

f. An individual who has completed a bachelor's degree and is certified as a Substance Abuse Counselor by the Board of Counseling;

g. An individual who has completed a bachelor's degree and is certified as an Addictions Counselor by the Substance Abuse Certification Alliance of Virginia;

h. An individual who has completed a bachelor's degree and is certified as a Level II Addiction Counselor by the National Association of Alcoholism and Drug Abuse Counselors or from the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC & RC).

If staff providing services meet only the criteria specified in (1)(A)(f) through (1)(A)(h), they must be supervised every two weeks by a professional who meets one of the criteria specified in (1)(A)(a) through (1)(A)(e). Supervision shall include documented face-to-face meetings between the supervisor and the professional providing the services. Documentation shall include review and approval of the plan of care for each recipient to whom services were provided, but shall not require that the supervisor be on-site at the time the treatment service is provided.

2. In order to provide substance abuse treatment services, a paraprofessional (peer support specialist) must meet the following qualifications:

a. Has an associate's degree in one of the following related fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least one year of experience providing direct services to persons with a diagnosis of mental illness or substance abuse;

b. An associate's or higher degree, in an unrelated field and at least three years experience providing direct services to persons with a diagnosis of mental illness, substance abuse, gerontology clients, or special education clients. The experience may include supervised internships, practicums, and field experience;

c. A minimum of 90 hours classroom training in behavioral health and 12 weeks of experience, under the direct personal supervision of a QSAP, providing services to persons with mental illness or substance abuse and at least one year of clinical experience (including the 12 weeks of supervised experience);

d. College credits (from an accredited college) earned toward a bachelor's degree in a human service field that is equivalent to an associate's degree and one year's clinical experience;

e. Licensure by the Commonwealth as a practical nurse with at least one year of clinical experience.

3. Paraprofessionals must participate in clinical supervision with a QSAP at least twice a month. Supervision shall include documented face-to-face meetings between the supervisor and the professional providing the services. Supervision may occur individually or in a group.

4. All providers of substance abuse treatment services must adhere to the requirements of 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records.

5. Substance Abuse Day treatment providers must be licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services as a provider of day treatment services.

6. Substance Abuse Intensive outpatient providers must be licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services as a provider of outpatient substance abuse services.

7. Providers of opioid treatment services must be licensed as a provider of Opioid Treatment Services by the Department of Mental Health, Mental Retardation, and Substance Abuse Treatment services and must also comply with all federal and state law and regulations.

8. The provider of substance abuse crisis intervention services shall be licensed as a provider of Substance Abuse Outpatient Services by DMHMRSAS.

Provider Qualifications for Substance Abuse Case Management Providers

1. The provider of substance abuse case management services must meet the following criteria:

- a. The enrolled provider must have the administrative and financial management capacity to meet state and federal requirements;
- b. The enrolled provider must have the ability to document and maintain individual case records in accordance with state and federal requirements;
- c. The enrolled provider must be licensed by DMHMRSAS as a provider of substance abuse case management services.

2. Providers may bill Medicaid for substance abuse case management only when the services are provided by a professional or professionals who meet at least one of the following criteria:

- a. Has at least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least one year of substance abuse related clinical experience providing direct services to persons with a diagnosis of mental illness or substance abuse;
- b. Licensure by the Commonwealth as a registered nurse or as a practical nurse with at least one year of clinical experience.